

Springdale Fire Department

Policy & Procedures Manual

Volume 2 – Operations

Section 204 – EMS Operations

204.11 – Continuous Quality Improvement (CQI)

The Springdale Fire Department continually strives to fulfill our mission of exceptional patient care through an ongoing case review of patient care reports. Individuals directly responsible for patient care are held accountable for meeting patient care expectations. The timely feedback on exceptional performance as well as areas for needed improvement will be provided to each member.

The purpose of the Springdale Fire Department Continuous Quality Improvement (CQI) Program is to allow a statistically significant number of patient care reports to be evaluated on a monthly basis by a peer review committee charged with reviewing items outlined within this policy. The Northwest Arkansas Regional EMS Protocol Manual (with SFD addendums) shall serve as the standard by which medical treatment of patients is measured. Springdale Fire Department policy shall serve as the standard by which time increments are measured such as reaction time, response time, turn-around time, etc.

This committee will consist of the following members:

- EMS Medical Director
- Division Chief of Operations
- Battalion Chief of Training
- 6 Paramedics

Each Paramedic shall serve a two year term. Three Paramedics shall rotate off each year. All reviews, notes, proceedings, and records involved in CQI review process are confidential and shall not be divulged to others or discussed outside the setting of the CQI review process. Calls that have been flagged for review shall also remain confidential.

The information obtained and lessons learned through the CQI program shall be incorporated into the education process and provided to the appropriate member(s) where indicated in order to appropriately complete the quality improvement feedback. Continuing education that results from this process may be conducted for the individual directly involved, or the entire department.

It shall be the responsibility of all department members to subscribe to the concept of continual improvement of their knowledge and skills, as well as the dynamic improvement process relating to overall system performance to achieve goals as indicated in the SFD Mission Statement.

The EMS Medical Director shall oversee the entire CQI process. The Medical Director may alter the processes of the CQI committee at his/her discretion. The Division Chief of Operations shall facilitate the CQI Committee meetings and conduct all inquiry reviews. The Battalion Chief of Training shall provide timely feedback, coordinating and scheduling education/training to incorporate lessons learned, and provide follow up reviews to determine if the education/training was effective.

All CQI Committee members are responsible to review each PCR accurately, confidentially, and in a timely matter.

Review Process – Billing Clerk

The billing clerk will review each PCR within 5 days after completion of the call for the following:

- Presence and completion in Firehouse reporting.
- Call type.
- Consistency with disposable supplies charge sheet.
- Missing ECG strips, forms, etc.

Review Process – CQI Committee

The CQI Committee will meet monthly and review an average of 60 calls. Each case selected for CQI will be reviewed independently by at least 2 paramedics prior to the monthly meeting. Information regarding the cases will be entered into a CQI database with printouts provided to each committee member at the monthly CQI meeting for discussion.

The following call types shall be reviewed:

- All Code 3 transports
- Trauma Alerts
- STEMI Alerts
- Stroke Alerts
- Advanced airway (ET, King Airway)
- Cardiac arrests
- Cardioversion – medical or electrical
- Any pediatric (< 12) call that involved medication administration
- Any call that receives a “Request for Review”
- Refusals after care administered
- All OB/GYN calls
- Restraints utilized calls
- Any call that is “flagged” by the daily review of PCR’s
- Random types of calls (as determined by the committee, or medical director)

Calls selected for review by the CQI committee will also be evaluated for:

- Reaction time –the time the call is received at dispatch until the unit is responding.
- Response time – defined as the difference between the time the alarm was received until the unit arrives on scene which is defined as the unit arriving at a staging point or the location to which they were dispatched.

The following will be evaluated as pertinent to the patient encounter:

- Protocol Compliance
- 12 lead ECG when indicated
- Time to first ECG
- Time to first defibrillation
- Time to first medication

- IV success
- Endotracheal Intubation success
- Trauma Alert – (on-scene time < 10 minutes)

The following documentation as pertinent to the patient encounter:

- Reassessment
- Endotracheal intubation confirmation
- Patient improvements or changes
- Minimum of 2 sets of vital signs
- Any additional information that is deemed pertinent to that particular patient encounter

Any deficiency or discrepancy identified during the CQI review process shall be assigned an error level as indicated below:

Level 1: An obvious error or deviation from protocol that causes a potential or actual deterioration in the patient's vital signs, neurologic status, or general condition. Examples include: unrecognized mal-intubation, medication error, incorrect transport decision.

Level 2: An incorrect procedure or treatment that does not directly affect the patient's vital signs, neurologic status, or general condition. Examples include: medication error or protocol deviation that does not affect patient outcome.

Level 3: A skill or knowledge area that can be improved upon with education and/or training. Examples include: documentation errors, incomplete paperwork, etc.

The Division Chief of Operations and Battalion Chief of Training shall ensure that all Level 1 and Level 2 errors are addressed as necessary with the member(s) involved on a case by case basis. A remedial action plan will be developed and delivered to the member(s) by the Battalion Chief of Training as necessary to ensure improvement. Level 3 errors will be brought to the attention of the member(s). Unless Level 3 errors become repetitive, or habitual, no further action will be typically warranted.

SFD Personnel Request for PCR Review

Any department member may request the review of a patient care report. The process for requesting a review shall be to complete the "PCR Request for Review Form" (located in the Admin Folder). The completed form shall then be sealed in an envelope and delivered to the Division Chief of Operations.

The Division Chief of Operations will review the request for validity and may resolve the issue unless there is a deviation from protocol, which may result in the case being reviewed by the CQI Committee. If the call is selected for peer review by the CQI Committee, the Division Chief of Operations will make all necessary documentation available to the committee members prior to the next scheduled meeting.